DOCUMENT RESUME

ED 394 737 PS 024 218

TITLE	Laying a Foundation in Health and Wellness. Training Guides for the Head Start Learning Community.
INSTITUTION	Bowman (James) Associates, San Francisco, CA.
SPONS AGENCY	Administration for Children, Youth, and Families (DHHS), Washington, DC. Head Start Bureau.
PUB DATE	[94]
CONTRACT	105-93-1578
NOTE	85p.
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Child Caregivers; *Child Health; Early Childhood Education; *Family Health; Health; Health Needs; Health Programs; *Health Promotion; Health Services; Learning Activities; *On the Job Training; Personnel; Skill Development; *Staff Development; Staff Role; Training; Training Objectives
IDENTIFIERS	Caregiver Training; Professional Concerns; *Project Head Start

ABSTRACT

This training guide is designed to aid Head Start staff in exploring personal understandings of health and wellness and to further their contribution to the health of coworkers, children, and families. It explains the importance of health to Head Start's mission--to encourage social competence; promote the development of personal definitions of health; and present a vision of health services that begins with basic health needs and expands to the promotion of positive health behaviors. Each training module consists of the following segments: expected outcomes, key concepts, background information, questions for discussion/reflection, outlines of learning activities, handouts, points to consider, and ideas to extend practice. The three modules are: (1) "Health and Wellness--What Do They Mean?," aimed at developing individual definitions of health, increasing communication about health issues, and increasing effectiveness as resource persons; (2) "Linking Health and Social Competence," focusing on identifying health issues in children and designing an action plan; and (3) "Planning for a Healthier Tomorrow," helping individuals and teams develop strategies that incorporate health promotion into interactions with Head Start staff, children, and families. The conclusion suggests actions for continuing professional development. Contains 14 references. (BGC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 394 737

PS 024218

HEAD START

Training Guides for the Head Start Learning Community

Laying a Foundation in Health & Wellness

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

BEST COPY AVAILABLE

HEAD START®

Laying a Foundation in Health & Wellness

Training Guides for the Head Start Learning Community

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

This national training guide was developed by James Bowman Associates, San Francisco, California, under contract #105-93-1578 of the Head Start Bureau, Administration for Children and Families, Department of Health and Human Services.

Contents

Preface ix

Introduction 1

Overview 1
Purpose/Goals
Audience
Performance Standards

Orientation to Foundation Guide 3

Definition of Icons 4

At a Glance 5

Module 1 7

Health & Wellness - What Do They Mean? **7**
Outcomes
Key Concepts
Background Information
Activity 1: The Wellness Pinwheel 9
Activity 2: Wellness in My Life & My Work 11
Activity 3: Explore Difference! An Interview Activity 13
Activity 4: Mother Wit & Medical Wit: Listening for Common Ground 15
Next Steps: Ideas to Extend Practice 18

Handout A: The Wellness Pinwheel 19

Handout B: Explore Difference! 20

Module 2 23

Linking Health & Social Competence **23**
Outcomes
Key Concepts
Background Information
Activity 1: Take a Program Health Snapshot *27*
Activity 2: Social Competence and Health *31*
Activity 3: Consulting Circles *33*
Next Steps: Ideas to Extend Practice *36*

Contents

Handout C: Health Snapshot Worksheet **38**
Handout D: Jelani's Story **39**
Handout E: Dwayne's Story **40**
Handout F: Kyle's Story **41**
Handout G: Huilin's Story **42**
Handout H: Irma's Story **43**
Handout I: Consulting Circle Framework **44**

Module 3 *45*

Planning for a Healthier Tomorrow **45**
Outcomes
Key Concepts
Background Information
Activity 1: Connections *49*
Activity 2: Role Modeling *55*
Activity 3: Head Start Center Action Plan *59*
Next Steps: Ideas to Extend Practice *62*
Handout J-1: Team A **63**
Handout J-2: Team A **64**
Handout K-1: Team B **65**
Handout K-2: Team B **66**
Handout L-1: Team C **67**
Handout L-2: Team C **68**
Handout M-1: Team D **69**
Handout M-2: Team D **70**
Handout N: Basic Health Needs **71**
Handout O: Disease Prevention/Injury Protection **72**
Handout P: Health Promotion **73**
Handout Q: Head Start Center Action Plan **74**

Contents

Continuing Professional Development 75

Some Concrete Actions to Take

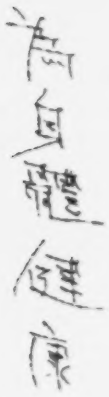
Resources 77

Books & Journals 77
Health & Wellness Newsletters 78
Head Start Publications 78
Miscellaneous 79

Preface

To Your Health!

We can learn about health and wellness by following the lead of children. Think of Kenya, who has diabetes that she and her mom together have learned to manage. Kenya has an illness, but Kenya is experiencing wellness—she is a little girl who is learning, laughing, growing in spirit and body. Kenya is thriving. Think then of Lucas. Lucas comes to school hungry some mornings. When Lucas is hungry he can't concentrate, or play cooperatively, or feel good about a world where his basic needs are going unanswered. Kenya and Lucas don't separate themselves out into components or disciplines; they simply engage in the world as integrated and complex people. Although Kenya and Lucas may not be able to say so, they each know that health and wellness depend on all the parts of themselves functioning in harmony.



Each member of the Head Start family can play a role in promoting and supporting the health and wellness of children, families, and communities so that we can all thrive. ***Laying a Foundation in Health & Wellness*** is a foundation training guide which can help participants explore their personal understanding of health and wellness and further their contribution to the health of coworkers, children, and families. It encourages a vision of health and wellness that is wholistic, preventive and inclusive.

It's easy to get caught up in the "medical model," where we only think about health if it's not there. Yes, it is important to measure hematocrits, check to be sure that immunizations are up to date, and practice good infection control. However, our children and our spirits tell us that there is more to health than the absence of illness! When we look at "wellness" and consider how a wellness attitude can improve our own health and the health of the children and families we serve, it gives us a different perspective. Wellness means every person is always striving in her own way to be the best she can be. She may have a physical disability; she may have an emotional difficulty—nevertheless she knows what makes **her** feel well.

Tsa-da-li-si-de-sti!

Training Guides for the Head Start Learning Community are designed to help programs support and enhance quality. The Foundation series is for all staff and sets forth the core principles and practices of the Head Start approach. The guides which follow are more specific and may be used by the management team to address needed technical skills in certain job categories. Together they make up a comprehensive staff development library across all of the Head Start functional areas.

The concepts in this guide build one upon the other, so it is best to proceed from the beginning to the end. However, we encourage users to adapt the learning activities to their own situations. For example, if one of the workshop activities would work well for you in a coaching situation with

some changes, feel free to adapt. You may also want to change language or examples to make the material more compatible with your community. The order of activities and the ideas and strategies are suggestions; each user will find some things more useful than others.

¡POR SU BUENA SALUD!

This training guide was developed over a ten-month period. We solicited ideas from the Head Start Bureau in Washington, from programs in the field, and from Regional Offices, Technical Assistance Support Centers (TASCs) and Regional Access Projects (RAPs) for Head Start. We made many revisions to activities and concepts based on this feedback.

We are also grateful to those Head Start programs which allowed us to visit them and field test activities and to the many staff people from Head Start programs throughout the United States who gave feedback during conferences and regional training sessions.

À votre santé!

The ultimate test of any staff development tool is how well it transfers to use in the everyday work setting. Best practice standards for adult learning tell us that this takes place best when learning occurs over time and skills and knowledge learned in a workshop or coaching session are supported by follow-up activities. To help learners, trainers, and coaches design long-term learning plans, all of the ***Training Guides for the Head Start Learning Community*** include sections on continuing professional development. We also know that adults, like children, learn when they are playing—and so we hope that you have fun.

Overview

Purpose/Goals

Staff can use ***Laying a Foundation in Health & Wellness*** to begin to explore the Head Start approach to health. This guide:

- explains how important health is to Head Start's central mission: to encourage social competence;
- offers opportunities to arrive at personal definitions of health and encourages a comprehensive view of health and well-being;
- presents a vision of health services that **begins** with the basic health needs, **builds** to include prevention of illness and injury, and **expands** to the promotion of positive health behaviors;
- clarifies for **all staff** how they contribute to the health of children, families and fellow staff members through daily activities and role modeling.

Audience

This training guide is for **all staff** in a Head Start program. It explains what they need to know about health and wellness in Head Start.

- New staff can learn Head Start's approach to health.
- Experienced health staff can use the guide as a review of health concepts, and get ideas for training new staff.
- For staff members who do not see themselves as responsible for health work, the guide can help them understand how important their work is in promoting the health of children, families and staff.

Ideas and activities in this guide also can be adapted for parent and child education.

Performance Standards

The Head Start Performance Standards address practices and policies that relate to the health of children, parents and staff. Overall, programs are directed to:

- provide comprehensive health services that help children develop toward the overall goal of social competence;
- teach healthy behaviors that help prevent health problems, identify illnesses and injuries, then ensure delivery of early intervention strategies and treatment;

- help families to develop skills and linkages that the family can use to get necessary health care after leaving Head Start;
- work toward safe- and health-promoting environments at school, home, and within the community; and
- recognize that parents are a child's primary health care decision-maker and health promoter and offer support to them to fulfill that role.

Orientation to Foundation Guide

The Foundation Guide has five working sections:

- **Module 1: Health and Wellness—What do they Mean?**
- **Module 2: Linking Health and Social Competence**
- **Module 3: Planning For a Healthier Tomorrow**
- **Continuing Professional Development**
- **Resources**

Each module is organized to provide learning opportunities for a workshop session or for coaching. Each has the following segments:

- **Expected Outcomes** are the skills which should be acquired by staff who participate in the module's activities.
- **Key Concepts** are the main ideas conveyed in the module.
- **Background Information** elaborates on the Key Concepts. This section is arranged so that it can be used as a coaching resource or as an outline for a presentation in a group session. Background information sections can be used for handouts or as overheads to use in workshop sessions.
- **Questions for Discussion/Reflection** are at the end of each background section. They can help initiate discussion in workshops or coaching sessions or serve as prompts for staff journals.
- **Learning Activities** build the skills which are needed to achieve the outcomes stated for each module. Managers can choose to use workshop activities, coaching activities, or a combination of both.
- **Handouts** are included at the end of each module. Trainers should reproduce the handouts as needed for participants.
- **Points to Consider** are issues listed at the end of each activity to keep in mind or to use as discussion prompts while working through the activity.
- **Next Steps: Ideas to Extend Practice** are additional activities to reinforce the expected outcomes and enhance transfer of skills from training to the work setting.

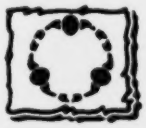
Introduction

Definition of Icons

Coaching

A training strategy that fosters the development of skills through tailored instruction, demonstrations, practice, and feedback. The activities are written for a coach to work closely with one to three participants.

Workshops



A facilitated group training strategy that fosters the development of skills through activities which build on learning through group interaction. These activities are written for up to 25 participants working in small or large groups with one or two trainers.

Next Steps:
Ideas to Extend Practice

Activities assigned by the trainer immediately following the completion of the module to help participants review key information, practice skills, and examine their progress toward expected outcomes of the module.

Continuing
Professional Development

Followup activities for the program to support continued staff development in the regular use of the skills addressed in a particular training guide. It includes:

1) opportunities tailored to the participant to continue building on the skills learned in the training; and

2) ways to identify new skills and knowledge needed to expand and/or complement these skills through opportunities in such areas as in higher education, credentialing, or community educational programs.

At a Glance

Modules	*Activity*	*Time*	*Materials*
Module 1: Health and Wellness— What do they mean?	Activity 1: The Wellness Pinwheel (W)	20-45 minutes	Handout A
	Activity 2: Wellness in My Life & My Work (C)	30 minutes	Handout A
	Activity 3: Explore Difference! An Interview Activity (C)	30-60 minutes	Handout B
	Activity 4: Mother Wit & Medical Wit: Listening for Common Ground (W)	30-45 minutes	Handout B
Module 2: Linking Health and Social Competence	Activity 1: Take a Program Health Snapshot (C)	45-120 minutes	Handout C
	Activity 2: Social Competence & Health (C)	30-60 minutes	Handouts D - H
	Activity 3: Consulting Circles (W)	45-120 minutes	Handout I
Module 3: Planning for a Healthier Tomorrow	Activity 1: Connections (W)	45-120 minutes	Handouts J - M
	Activity 2: Role Modeling (C)	30-60 minutes	
	Activity 3: Head Start Center Action Plan (W)	45-120 minutes	Handouts N - Q

(W) = Workshop Activity

(C) = Coaching Activity

Health and Wellness—What Do They Mean?

Outcomes

When participants complete this module, they will:

- *develop their own individual definitions of health;*
- *communicate better with others who have different beliefs about health; and*
- *be more effective health resource persons.*

Key Concepts

Health is made up of all the parts of ourselves in relationship to the world: physical, social, emotional, spiritual, and environmental. When any of these parts are not well or out of balance, the other parts are affected.

Wellness is a positive state of health, not just the absence of illness or pain.

Health status, risk factors and health practices vary greatly. Head Start's vision of health and its health services programs acknowledge and respect these differences.

Head Start supports children's and families' capacities to care for themselves in every dimension of health.

Background Information

There are, of course, as many ways of looking at wellness as there are people. Following are some of the common ways people think of the various dimensions of health:

Physical: enjoying freedom from physical pain and discomfort, keeping fit, eating well, having healthy teeth, preventing illness and disease

Emotional/Mental: being happy and able to take care of basic needs for self and family; having the ability to love, work, and play

Social/Cultural: having meaningful relationships and living in harmony with family, neighbors, significant others, and feeling a part of a community

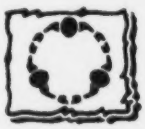
Spiritual: nourishing—through worship, meditation, reflection—that part of each of us that connects with something greater than ourselves

Environmental: having clean water, clean air, open space, pleasant surroundings, peace and quiet

Questions for Discussion/ Reflection

- Are any of the dimensions of wellness unexpected? Can you think of things in each dimension that are important to your personal wellness?
- How would you complete this sentence: "To me, wellness means ..."

Activity 1: The Wellness Pinwheel



Purpose: This activity gives participants the opportunity to think about how the different dimensions of health interact, to consider how their job roles support child and family health, and to affirm their good work.

For this activity you will need:

- One copy of Handout A: The Wellness Pinwheel for each participant
- Flip chart and markers
- Writing materials for participants

Step 1: Open the exercise by explaining that each "petal" of the Wellness Pinwheel represents one of the dimensions of health—Physical, Emotional, Spiritual, Social, and Environmental. If the wheel is out of balance, if a petal is missing or damaged, the wheel cannot spin.

Step 2: Take five sheets of flip chart paper; at the top of each write one of the dimensions of health. From the group, elicit ideas about which behaviors and conditions contribute to health in each dimension. Ask participants to list what is important to their own wellness. (Or give each participant a marker and ask them to get up and write at least one idea per dimension.)

Step 3: Initiate a discussion of how the dimensions of health interact. Ask the group if anyone can think of a time when one of their "petals" of health was out of balance and affected their overall functioning. People especially like to identify how the other dimensions affect physical health. Some examples to help stimulate discussion are:

a. an argument with your partner in the morning that leaves you with a stomachache all day;

b. you have a sore back from lifting children all day, which makes you grumpy;

c. children who do not receive physical affection may not grow properly;

d. during times of emotional stress your immune system, which fights off illness, is weakened and you catch a cold or other infection.

Step 4: Pass out Handout A: The Wellness Pinwheel and ask participants to pair off. Take 5-10 minutes for each person to reflect on his or her role in Head Start, then to write on the Pinwheel one or two ways that he or she supports children's health in each area. After they have finished, participants should show what they wrote to their partners.

If someone leaves any petal of the Pinwheel blank, the partners should brainstorm to identify what they could do in that area, as well as things that they currently do but don't recognize as health-supporting. Many things that staff do support health in several areas. Not everyone will be able to list something in every area and that is okay. Just encourage them to be as comprehensive as possible.

Step 5: Ask participants to share some of their ideas with the larger group.

Close the activity by remarking on the many ways that each person contributes to wellness. Congratulate the participants on their good work. Encourage them to continue to support wellness in a variety of ways.

Points to Consider:

- Wellness is a multi-faceted, dynamic state. No two people's perceptions of wellness are the same, and anyone's definition of wellness may change over time.
- There are many ways to promote wellness.
- Chronic illness or disability do not stop anyone from achieving a high personal level of wellness.
- Caring for our own health as caregivers sends an important message to coworkers, children, and parents.

Activity 2: Wellness in My Life & My Work

Purpose: This activity encourages Head Start staff to consider the many dimensions of health, and the ways they support wholistic health in the children.

For this activity you will need:

- One copy of Handout A: The Wellness Pinwheel for each participant
- Writing materials for each participant to keep a one-day journal

Step 1: Ask each staff person to keep a simple journal for a day. Tell each one: Take a few minutes each hour on the hour to jot down how healthy you feel. If you are feeling very well, what has happened during the past hour to make you feel that way? If you are not feeling well, why not? What happened to make you feel that way? Consider everything that has had an impact on your day: people, your environment, what you are eating and drinking, how you are getting from place to place.

Step 2: Sit down together and take a look at what contributed to health during the day. Check against the Wellness Pinwheel. Are there items in your journal that relate to each of the five dimensions of health? If any dimension is not represented, is it present but simply not apparent on this day?

Step 3: Discuss how the various dimensions of health interact. Do you recall a time, for example, when you became distressed and then experienced a physical symptom? What is your state of mind when you are feeling physically healthy? Can you see the interrelationship?

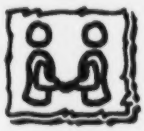
Step 4: Select a time when you can work with a partner. For an hour or so, observe as your partner interacts with children in the Head Start program. How does she support the health of children in all five dimensions? At another time, your partner should observe you. Ask her to make note of everything you do to support children's wellness.

Step 5: Spend about 30 minutes with your partner discussing what you observed. Are there ways that you could increase your support of children's health? Are you attending to the multi-dimensional health of children? Congratulate each other for all that you do to support wellness.

Points to Consider:

- Wellness is a multi-faceted, dynamic state. No two people's perceptions of wellness are the same, and anyone's definition of wellness may change over time.
- There are many ways to promote wellness.
- Chronic illness or disability do not stop anyone from achieving a personal level of wellness.
- Caring for our own health as caregivers sends an important message to coworkers, children, and parents.

Activity 3: Explore Difference!—An Interview Activity



Purpose: This activity is designed to demonstrate that different cultures define and treat health very differently, and to celebrate the richness of this diversity. The activity encourages sharing beliefs and practices, and strengthens interview skills.

For this activity you will need:

- Handout B: Explore Difference! Question Cards
- Writing materials

Step 1: Consider a health issue of your choice—four examples are included in Handout B: Explore Difference! Question Cards. Identify four people different from you—in age, ethnicity, lifestyle, religion, or other factors—who you can interview. Include a Head Start parent in your group.

Step 2: Ask these people how they would answer the questions on the cards, or ask similar questions about another health issue that is of interest to you. Is their approach the same as yours? Share your approach with them.

Step 3: Discuss the benefits of the various approaches. All of the approaches are likely to have something positive to offer. Consider the following questions:

a. Did every person interviewed approach common health concerns in a different way?

b. Did you learn ways to handle health concerns that differ from the Western medicine approach? Were these alternative approaches beneficial?

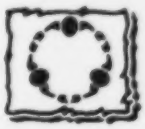
Step 4: Interview one of your four informants in depth about the health beliefs of his community. Prepare for your coworkers a 10–15 minute presentation about that culture's health beliefs.

Points To Consider:

- Health beliefs vary between **and** within groups. Different people from the same culture may have beliefs influenced by education, personal experience, acculturation, and other factors. That's why it is important not to make assumptions, such as, "all Asians are uncomfortable with eye contact," or "all African-Americans encourage early toilet training."

- The "correct" way to approach some health issues changes over time. Our parents were told to lay babies on their stomachs to sleep; now experts tell parents to put their babies to bed lying on their backs or sides.

Activity 4: Mother Wit & Medical Wit: Listening for Common Ground



Purpose: We all want the best possible health for the children in our care—our own children and our students. Sometimes different ways to achieve that goal are in conflict. This exercise offers an opportunity to practice respectful listening to people with different health beliefs. It also helps staff identify strategies to handle situations in which the health of children may be endangered.

For this activity you will need:

- Handout B: Explore Difference! Question Cards *(optional)*
- Flip chart and markers
- Writing materials for participants

Step 1: Ask the group to think of areas of health in which cultural beliefs and practices differ. Use Handout B: Explore Difference! Question Cards from Activity 3 for suggestions, or participants may think of their own examples. Think about differences in beliefs concerning:

- causes of illness
- ways to maintain health and prevent illness
- sources of health information and treatment methods
- immunizations
- the use of traditional healers
- nutrition

Step 2: Form groups of three and ask each member to play a role. One person will be a parent; one will be a Head Start teacher, family service worker, health aide—any role that has direct contact with parents; the third will be a "coach." Ask them to choose a health situation to discuss.

Step 3: Ask the group to spend 10 minutes or so role playing a discussion of the chosen health area. The worker is concerned about the family's health in that area, and the parent is explaining how family members are handling the problem in the context of their own health beliefs and practices, which differ

from the worker's. The coach's job is to observe and note interactions that are respectful of differences and those that might make the parent feel bad.

Step 4: Call an end to the role play and ask the coach to share his or her observations for discussion in the small group. The coach must be prepared to note examples of positive communication as well as areas that need improvement and be careful to offer feedback in a respectful and gentle manner.

Step 5: Give the group members an opportunity to switch roles and take another turn.

Step 6: Return to the large group and ask each small group to share a technique that the members used to help them listen respectfully to the differences. List these techniques on flip chart paper. Also list communication practices that "shut down" the speaker and made him or her less willing to share openly.

Step 7: Discuss how to handle health concerns about a health practice that may be harmful. Encourage the group to think about the following questions:

a. What does it feel like to believe in an unconventional or uncommon health practice?

b. Have you ever been in a situation in which you felt that an unfamiliar health practice was harmful? What made you think that it was harmful? Some practices, for example coining (rubbing the child's skin with a coin in such a way that it raises a bruise—believed to purify the blood), look alarming but are not harmful. Are there ways to check out these assumptions?

c. If the practice is safe, are there ways to include it along with the approach recommended by the program?

d. Who can you ask about the practice or about the individual child's health?

e. If you believe the action is harmful, and discussion or counseling do not lead to a resolution, what are the next steps?

Points to Consider:

- Health practices that differ from those with which we are familiar and comfortable can be beneficial, neutral, or harmful. We must be careful about assuming into which category the practice falls.
- Often significantly different practices can be used in a complementary way, i.e., chicken soup and antibiotics or acupuncture to assist healing after surgery.

Next Steps: Ideas to Extend Practice

Multicultural Health Fair

Stage a multicultural health fair one day at your program. Invite parents to join in and ask them and staff to make brief presentations about interesting health practices from their cultures. Presentations could include storytelling, cooking demonstrations, sharing "mother wit." Invite health practitioners from the community (*curanderas*, acupuncturists, homeopaths, herbalists, traditional healers, others) to come and explain their approach. Invite providers who do free health screenings for adults such as a mammogram van, blood pressure checks, and/or cholesterol ratings.

Go "Green"

Make your center ecology-smart. Build on the understanding that environmental health is a petal on the pinwheel. Recycle paper products, glass and cans. Buy bulk rather than prepackaged whenever possible. Explore children's activities that promote resource conservation and respect for the environment. Determine whether environmentally friendly practices save money. Document your efforts. Keep track of any savings and income and use them to fund special projects.

Supporting the Wellness of Coworkers and Families

In the activities, "The Wellness Pinwheel" and "Wellness in My Life & in My Work," staff members considered how they support the health of Head Start children. Re-do those activities with the following variations:

Variation A: Substitute the word "coworker" for the word "child" in each of the instructions. How do we support the wellness of our coworkers?

Variation B: Substitute "parent" or "caregiver" for the word "child" in the instructions. What do we do to support the five dimensions of health for parents/caregivers of children in our program?

Handout A: The Wellness Pinwheel

For use with Activities 1 & 2

Handout B: Explore Difference!

Question Card #1

a. How do you treat a common cold?

b. Is this what your parents or grandparents would have done? Do you think your children will treat a cold the same way?

c. What would you do if someone asked you to use a different treatment or said your approach was harmful?

Question Card #2

a. What are the best foods for a baby under one year old?

b. At what age does the baby begin eating solid food?

c. At what age do you think a baby should no longer be drinking from breast or bottle?

d. How is this like or unlike what your parents or grandparents believed? Will your children do this when they are parents?

28

For use with Activities 3 & 4

Handout B: Explore Difference! *(continued)*

Question Card #3

a. What treatment do you believe in for arthritis?

b. Is this belief the same as your parents' and grandparents'?

c. How would you handle it if someone was using a different treatment approach or said your approach was harmful?

Question Card #4

a. What would you do, who would you talk with if you were depressed?

b. How do people in your community view depression? Is it an illness? Is it something that is talked about or "hushed" up?

c. Would your parents and grandparents have acted the same way? Will your children handle it the same way?

For use with Activities 3 & 4

Handout B: Explore Difference! *(continued)*

Fill in these cards with your own questions or use for translation purposes.

Question Card #5

a.

b.

c.

Question Card #6

a.

b.

c.

d.

For use with Activities 3 & 4

Linking Health and Social Competence

Outcomes

After completing this module, participants will be able to identify health issues in children that limit their everyday effectiveness and devise an action plan to improve effectiveness.

Key Concepts

Social competence, as defined by Head Start, emphasizes skills and behaviors that improve "everyday effectiveness." Basic health needs must be met to achieve social competence.

To support health, we must know the health status of Head Start families.

Each person finds her or his own level of wellness and everyday effectiveness—everyone is different and everyone changes throughout life.

Joining families as partners in their health supports Head Start's central mission to develop social competence.

Background Information

A. Health Status

Many things contribute to health, including family background, personal behaviors, environment, and access to services. Some things that influence health are in our control, others are not. One thing we know: In general, some groups experience more health problems than others. Communities of color (regardless of income level) and low-income families (regardless of race) carry a disproportionate share of preventable disease and injury.

Relative Frequency of Health Problems in Children in Low-Income Families Compared with Other Children*	
Health Problem	**Relative Frequency**
Delayed immunization	triple
Asthma	higher
Lead poisoning	triple
Death in the first month of life	triple
Child death due to injuries	double-triple
Child death due to disease	triple-quadruple
Percent with conditions limiting school activity	double-triple
Lost school days	40% more
Severe iron-deficiency anemia	double
Delays in growth and development	double

B. Health Status Questions & Answers

- **Why is it important to know about all of these health problems?**

  Pinpointing the problems lets us know where to take action. Knowing the threats to health that low-income families face, we can offer our respect and affirmation to families who are working hard to achieve and maintain wellness. It is easy to become frustrated with families who may not be taking care of health concerns the way we want them to. Understanding that their health problems are shared by other low-income families is a sign that some of the health risks they live with are not within their control, rather they are built into the system. Unless we can identify the barriers we cannot help families to overcome them through individual behavior change or organized action for change in the community that will improve health (housing, transportation, discrimination, health insurance, other factors).

*Barbara Starfield, "Child and Adolescent Health Status Measures" (1992), article from *The Future of Children* (volume 2, number 2), the annual report of The David and Lucile Packard Foundation.

Children's Defense Fund, *The State of America's Children, 1991* (Washington, D.C.: The CDM Group, Inc.), as cited in *A Descriptive Study of the Head Start Health Component: Literature Review* (1994).

Adams and Hardy, *Current Estimates from the National Health Survey, United States, 1988*, as cited in *A Descriptive Study of the Head Start Health Component: Literature Review* (The CDM Group, 1994).

- **Why do children in low-income families experience more health problems?**

  We know that social, emotional, spiritual, and environmental factors affect physical health. Low-income families may be stressed in all of those dimensions; consequently, physical health is affected. Lack of income limits access to health care services. Some factors that influence low-income families' health are in their control (behaviors such as smoking, food choices), and others are not (systemic class- and race-based discrimination). High risks for low-income families include exposure to environmental hazards resulting from unsafe and unhealthy neighborhoods, poor housing, poor nutrition, inadequate preventive care, and barriers to care.

- **What is Head Start's role?**

  Most children in Head Start are from families with incomes of less than $12,000 a year. Even so, children in Head Start are healthier than children from low-income families who do not receive Head Start services. Head Start children are more likely to get preventive care such as immunizations, have better nutrition, fewer cavities, and practice better dental hygiene. Head Start makes a difference! You make a difference!!

C. Social Competence and Health

Building "social competence" has been the central goal of Head Start since it began in the 1960s. Social competence means everyday effectiveness for now and in the future. Everyday effectiveness means different things for different people, but it can include:

For Children:

- ✓ ability to play with friends cooperatively
- ✓ ability to perform basic developmental self-care skills such as dressing, eating, communicating needs
- ✓ ability to cope with everyday stress such as waiting for their turn, resolving conflict over sharing
- ✓ ability to learn
- ✓ etc. . . .

For Adults:

- ✓ ability to relate to others: family, friends, coworkers
- ✓ ability to handle most day-to-day activities: budget, buy groceries, keep appointments, get car repaired
- ✓ ability to meet responsibilities
- ✓ ability to know when to seek help
- ✓ etc...

Many things we do every day in Head Start help children to be effective in their world. We also know that learning to be effective in the preschool years helps to build a foundation for effectiveness in school and as an adult. Experiences that make learning fun and teach children they are worthy of love and respect build their self-confidence.

Persons with disabilities and/or chronic illnesses achieve social competence and everyday effectiveness. Each person can be supported to achieve his own level of everyday effectiveness and wellness.

Head Start has always understood that all the dimensions of health are related and each dimension needs to be supported to achieve lifelong social competence. The legislation that authorized Head Start reads, in part:

"The overall goal of the Head Start Program is to bring about a greater degree of social competence in children of low-income families. By social competence is meant the child's everyday effectiveness in dealing with both present environment and later responsibilities in school and life. Social competence takes into account the interrelatedness of cognitive and intellectual development, physical and mental health, nutritional needs, and other factors that enable a developmental approach to helping children achieve social competence."

Questions for Discussion/ Reflection

- What barriers to health are common among the families you work with?
- Can you identify characteristics that are shared by low-income families who **do not** experience many health problems—characteristics that seem to improve resiliency and contribute to wellness?
- Consider that the goal of Head Start was written in the early 1960s. What do you think about it today? Is it out of date, or was it ahead of its time? How does the work you do with children and families each day correspond to the Head Start mission?

Activity 1: Take a Program Health Snapshot

Purpose: This activity will help participants build a health status profile of families in their program. Systematically collecting this information can reveal patterns of illness that could suggest corrective actions. For example, if many children in the program have asthma, it might help to encourage the adults in the children's lives (staff and parents) to stop smoking. If many children have high blood lead levels, it suggests an effort is needed to get paint, soil, and water tested in their neighborhoods. If many children regularly miss school with colds or diarrhea, maybe it is time to do a refresher on handwashing and infection control. Doing a health status profile from time to time can show changes (improvements and new or more severe problems) over time.

This activity will be most useful for staff other than the health coordinator. Participants can make it as simple or as elaborate as they like. You will need:

- Handout C: Health Snapshot Worksheet
- Writing materials

Step 1: Fill out Handout C: Health Snapshot Worksheet. This will be the basis of the work plan for your research project (see sample of Handout C at the end of this activity for question ideas, but feel free to list any others you are curious about). If you don't know what sources of information are available to you, check with your center director for ideas for program information sources and your local public health department for community information sources.

Step 2: Looking at your questions and your possible sources of information, pick three questions that you can find the answers to given the amount of time and energy you want to devote to this.

Step 3: Set a timeline to gather the information you are looking for. You might make phone calls, review records (with appropriate confidentiality safeguards), or conduct in-person interviews.

Step 4: Share the information you have learned. You might put together a brief presentation for a staff meeting, a parent group, or for the Health Services Advisory Committee.

Step 5: Spend some time with your health coordinator discussing what you have learned and brainstorming what actions to take.

Points to Consider:

- Health information is personal and records should always be kept confidential. Health information should be shared only with the individual's (or parents') permission, and only when necessary for the individual's care.
- Patterns of health needs emerge when we take a close look at information about groups of children and families. We need to examine the facts before we jump to conclusions.
- Every community has many sources of information to explore. A health snapshot could be a part of planning for expansion.

Handout C (*Sample*): Health Snapshot Worksheet

Instructions: In the column on the left, list everything you would like to know about the health of children and families in your program. In the other column, write down where you could go for that information. This is like a written "brainstorm," so list everything you are curious about, even if you don't know how to find the answer.

Things I would like to know about the health of our children	Sources of information
What is the most common reason children in our program miss school?	Our health coordinator
What are the most common health problems in the program?	Records on file with program
How many injuries did we have last month? Where were they most likely to occur?	Local public health department, public health nursing
How many of our families don't have health insurance?	Health Advisory Committee
What environmental hazards are in our community?	Parents
How many of our kids are fully immunized?	OSPRI or PIR data for our program
How many dentists in our community accept Medicaid?	Local environmental health or toxics unit in the public health department
	Daily classroom incident reports

Activity 2: Social Competence and Health

Purpose: This activity links social competence with the five dimensions of health by asking participants to analyze stories. It is intended to reinforce the point that basic health needs—including food, shelter, freedom from pain and illness, safety—must be taken care of before we can fully engage in our developmental "work." In each of the situations, health concerns are having an impact on everyday effectiveness.

For this activity you will need:

- A copy of one story for each pair—Handouts D–H
- Writing materials

Step 1: Find a partner to work with. Together read the story at the top of your handout.

Step 2: Discuss the story and, drawing on your experiences as Head Start staff, fill in the lines at the bottom of the page with ideas about health problems or positive health behaviors and conditions that might be affecting the situation described. These stories are scenarios in which social competence (defined as everyday effectiveness) is impacted, at least in part, by basic health concerns.

The five dimensions of health offer a framework for analysis. Consider them; however, all of the situations might not have contributing factors in each dimension. That is okay. If time allows, discuss more than one story.

Step 3: After discussing the story, discuss the following questions with your partner:

a. Have health concerns ever gotten in the way of your own social competence?

b. Can you recall feeling particularly well and effective? What factors contributed to that feeling?

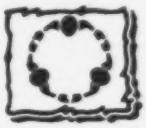
If you want to, share your examples and think of actions that occurred or could have occurred that would have supported your everyday effectiveness.

Points to Consider:

- Like wellness, everyday effectiveness is made up of a balance of skills and capabilities in many dimensions. We strive to attain well-rounded development and competence.

- Basic health needs, if not attended to, can interfere with everyday effectiveness. On the other hand, high-level wellness (health over and above freedom from pain and illness) can raise the level of effectiveness.

Activity 3: Consulting Circles



Purpose: This activity offers a framework for a team of Head Start staff people to look at everyday effectiveness from a wholistic perspective:

- wholistic in terms of areas of health considered; and
- wholistic in terms of team communication practices.

For this activity you will need:

- One copy of Handout I: Consulting Circles Framework for each participant
- Writing materials for participants

> **Notes to Trainer:** *Although this is a staff training activity, it can be enhanced by the participation of a parent in the group discussion. If there is an interested parent who feels comfortable being involved in this exercise, please include her. If a parent is not available, a staff person should take the role of a parent in the discussion. Throughout these instructions, "parent" can be taken to mean either an actual parent or a staff person playing that role.*

Step 1: Discuss with the participants the information outlined in the background information related to everyday effectiveness, social competence, health and health status. Explain that generally, when everyday effectiveness is affected by a health concern, it is not a simple issue. Parents often use Head Start staff as resources when they have concerns about their children. A parent is likely to raise a concern about a child's everyday effectiveness with the staff person with whom she is most comfortable. However, the staff person can best support the parent in her concern if the staff person calls on the expertise of the entire Head Start team.

A ground rule of confidentiality needs to be set up in any group discussing families, and parents need to be informed and consent to the fact that information about their child's experience at Head Start will be shared with the team.

Step 2: Head Start staff people are regularly faced with challenges in everyday effectiveness. Ask your participants to take a few moments and think about a time when a parent approached them with a concern; a problem with everyday effectiveness where information from several team members could have been helpful.

Step 3: Ask the participants to break into groups of five or six, with the groups including staff people with different roles in the program. Ask them to share the concerns that parents have brought to them. Ask them to choose one story where many team members could contribute to the family support action plan and use that story to practice using the framework. Some examples:

- "Jamal is always very tired when I pick him up and sleeps for three hours where he never used to nap before..."
- "Monika won't run around with her brothers anymore and seems to be having difficulty with her breathing since we moved into our new apartment building near the interstate freeway..."
- "I've noticed that Sally has started hitting her friends again, and I don't have the patience to deal with her since my husband moved out..."

Step 4: The parent begins by explaining her concern about her child. Staff members should discuss the situation from the perspective of their own roles as consultants to the family. Emphasize that staff members probably already have lots of knowledge and information about this child and lots of understanding about this situation—they should draw on that and share it with the rest of the team.

Step 5: Distribute Handout I—Consulting Circle Framework. The parent can begin by posing any questions she has for the team and sharing her viewpoint and special understanding about the child. Other members share their special viewpoint and understanding that they have based on their roles in the child and family's life (i.e., nutritionist, teacher, family service worker). In discussion with the group, fill out the first table on Handout I—Consulting Circle Framework, describing factors which impact everyday effectiveness. Remember to note strengths and supports to everyday effectiveness as well as things that get in the way.

Step 6: Once the team has considered the possible factors affecting everyday effectiveness, have them look at the lower half of the handout.

Step 7: As a team, consider how each team member can contribute to supporting the family. It may not make sense for every team member to work directly with the family and child, but they all may have a role in supporting and providing information to the team member with whom the family feels most comfortable. For example, the nutritionist who did an assessment of Jamal's diet may not need to work directly with his mom—this might feel chaotic or overwhelming to Mom. The nutritionist might, instead, help the family service worker to understand the nutrition assessment so that the FSW can use that information in helping Mom figure out why Jamal is so tired. The parent should note exactly how she would like to be involved with each staff person.

Step 8: Bring the participants back to the larger group. Ask them to share the work of their team in planning their efforts. Consider which parts of the exercise were easy to do and where there were difficulties.

Points to Consider:

- Coordination and teamwork take time and resources. How can we encourage communication among team members and with parents as a regular practice in our program?
- Are there barriers to team communication—climate, policies, time constraints—which need to be addressed?
- Were all five areas of wellness—physical, emotional, spiritual, socio-cultural and environmental—represented in the background for this particular problem with everyday effectiveness? Only a few? Was an area present but not obvious?
- How did overall community factors affect this situation?
- Caring for young children is hard work, especially when those children and their families are experiencing many kinds of stress. Meeting together in a Consulting Circle can make parents and staff feel less alone and overwhelmed and provide an opportunity to learn from other disciplines.
- Pay attention to the process of the group so that it feels and acts like a team of equals. Check in to see how the group is handling differences in level of education, training, etc. Each person has a unique perspective to contribute.

Next Steps: Ideas to Extend Practice

Work for Environmental Health in Your Community

Low-income communities suffer disproportionately from environmental threats to wellness because:

- polluting industries and freeways are often located in low-income communities
- the families may have poorer health to begin with and therefore are more likely to become ill from poor air quality, substandard housing, polluted water, unwholesome food, and other environmental problems

People in many communities have organized successfully to clean up their environment, or to prevent polluters from coming in. What can you do?

If there is vacant land in your community, try to put it to good use for all. See if there is a gardening organization that can help you set up a community garden. Helpers can be the Mayor's Office in some cities, or such groups as the San Francisco League of Urban Gardeners (SLUG), Boston Urban Gardeners (BUG), New York's Green Guerrillas, or Tree People in Los Angeles.

What is the major type of employment in your area? If it is agriculture, look into the kind of chemicals to which workers may be exposed. If it is a type of manufacturing, investigate whether workers might be exposed to unsafe conditions or substances. If you are concerned, contact the health department or the local office of the US or state Occupational Safety and Health Administration (OSHA).

A neighborhood cleanup can be a great way to build a community spirit and to empower neighbors to become more active in environmental issues. It is something that everyone can support, and it can show results very quickly. If graffiti is a problem, help to organize a day where neighbors of all ages can gather to paint it out. See if your local planning department or garbage company will help you sponsor a "neighborhood pick-up day" during which people can put out old furniture, appliances and other large items which are unsightly if left on the sidewalk. Helpers in these causes can be the mayor's office, local foundations and businesses and corporations.

Invite a Local Health Expert to Be a Guest Speaker

If learning about the health status of children in the program generates interest and curiosity, capitalize on it! Invite a local public health official or a health/environmental community activist to speak at a staff/parent gathering about health conditions for children.

Make Wellness and Everyday Effectiveness Part of Routine Assessment

Review your family needs assessment format. Ask yourself: Does this assessment capture information about all the dimensions of health? Does it look for strengths as well as problems? Does it help us to know about the child's everyday effectiveness? If the answer to any of these questions is no, consider how the assessment might be changed to become more comprehensive.

Handout C: Health Snapshot Worksheet

Instructions: In the column on the left, list everything you would like to know about the health of children and families in your program. In the other column, write down where you could go for that information. This is like a written "brainstorm," so list everything you are curious about, even if you don't know how to find the answer.

Things I would like to know about the health of our children	Sources of information

45

For use with Activity 1

Handout D: Jelani's Story

Jelani, 2½, has a hard time getting started most days. He often enters the group by grabbing a toy or disrupting an activity that another child is engaged in during free play time. He seems to alternate between cranky/irritable and lethargic/low energy, with nothing in between. Jelani is pale and thin. The teachers have noticed that his behavior improves after snack time and that he wolfs down food at snack and lunch time, particularly on Mondays.

A. What factors could be limiting Jelani's social competence:

Physical: _____

Emotional: _____

Spiritual: _____

Social-Cultural: _____

Environmental: _____

B. Given the possible causes you have listed, what can you do to help:

Right now: _____

Long term: _____

For use with Activity 2

Handout E: Dwayne's Story

Dwayne is feeling great this morning. He arrives at work in time to carefully plan his schedule of home visits for the day. He takes a few moments to reflect on the challenges he might face at each visit and visualizes strategies or techniques he might draw upon to help. Out in the field, he is able to handle the no-shows and other frustrations of the day without losing his cool. Dwayne is diabetic, and has been working hard with his doctor to get his insulin level adjusted correctly. Today he remembered to carry snacks with him and allowed time in his schedule to do his blood sugar level tests.

A. What factors could be supporting Dwayne's social competence?

Physical: _____

Emotional: _____

Spiritual: _____

Social-Cultural: _____

Environmental: _____

B. Given the possible causes you have listed, what can you do to help maintain and support social competence?

Right now: _____

Long term: _____

For use with Activity 2

Handout F: Kyle's Story

Kyle was late to work because she had a fight with her boyfriend this morning. They have been fighting a lot lately. On the way to work she began to have a headache and upset stomach. When she arrived she entered a room where the children in the housekeeping area have started to play in a way that could be dangerous—they are climbing onto the playhouse roof and jumping off. Kyle finds herself yelling at the children and being a bit rough with the leader of the group as she leads her away to talk about it. Kyle feels very angry. At recess, her teaching team partner suggests some ways she might have handled the situation differently, and Kyle yells at her.

A. What factors could be limiting Kyle's social competence?

Physical: _____

Emotional: _____

Spiritual: _____

Social-Cultural: _____

Environmental: _____

B. Given the possible causes you have listed, what can you do to help?

Right now: _____

Long term: _____

For use with Activity 2

Handout G: Huilin's Story

Huilin's teachers have noticed big changes in her behavior recently. Usually she is very quiet, so quiet it is easy to forget she is in the room. She rarely raises her hand to participate at circle time and needs encouragement to play with other children. Lately, however, she has begun following along with stories and sometimes will even call out an answer or talk about a picture that is shown at story time. Huilin's vision screening at the start of the school year had indicated she might need glasses. Her parents were initially reluctant to take her to see a specialist, but Grandma intervened. Now, following a series of appointments, the eye doctor has prescribed glasses and eye exercises for Huilin.

A. What factors could be limiting and supporting Huilin's social competence?

Physical: _____

Emotional: _____

Spiritual: _____

Social-Cultural: _____

Environmental: _____

B. Given the possible causes you have listed, what can you do to maintain or support social competence?

Right now: _____

Long term: _____

For use with Activity 2

Handout H: Irma's Story

At Irma's Head Start, the children walk a few blocks through the city several times each day to reach a fenced-in play area. Staff are having problems with 3-year-old Irma because, all of a sudden, she is unable to cooperate with the group during the walk to the playground. She freezes at the first crosswalk and has a tantrum when urged to continue. She cannot explain what's the matter. The family service worker and mental health consultants are called in, and they schedule a parent conference. Her parents shared that one day while walking with her big brother Irma witnessed a shooting on the street near the playground. This occurred shortly before her unusual behavior began. Her parents did not realize how the incident had upset her.

A. What factors could be limiting Irma's social competence?

Physical: _____

Emotional: _____

Spiritual: _____

Social-Cultural: _____

Environmental: _____

B. Given the possible causes you have listed, what can you do to help?

Right now: _____

Long term: _____

For use with Activity 2

Handout I: Consulting Circle Framework

Name: _____ **Date:** _____

Possible Factors Impacting Everyday Effectiveness
Physical:
Emotional:
Spiritual:
Socio-cultural:
Environmental:

Given the possible factors you listed, what can you do to help improve/maintain effectiveness for now and for the long term?

Staff Person Action:	Parent Action:	By what date:	Resources needed:

Date for follow-up: _____

For use with Activity 3

Module 3

Planning for a Healthier Tommorrow

Outcomes

Upon completing this module, participants—as individuals and in teams—will develop strategies that incorporate health promotion into a variety of interactions with Head Start staff, children, and families.

Key Concepts

Habits and behaviors have powerful effects on long-term health. Behaviors learned in childhood, those that support health and those that harm health, have lifelong effects.

Role modeling is a powerful way to teach children.

Parents are the primary health role models for their children. In addition, all staff, regardless of job title, have opportunities to promote wellness.

Efforts that support health can be organized into three levels, which address:

- **Basic Health Needs**
- **Disease Prevention and Protection from Injuries**
- **Health Promotion**

Background Information

A. How Does Health Build Over Time?

Over the past forty years, researchers have studied how our personal actions and habits present risks to our health. Some behaviors such as cigarette smoking and seat belt usage are **certainly** linked to long-term health. If you smoke cigarettes you are **much** more likely to suffer from lung cancer, heart disease or emphysema (among other sicknesses) and you are **much** more likely to have a shorter life than someone who does not smoke. If you wear seat belts when you drive, you are **much** more likely to survive a car crash than someone who is in a crash without seat belts.

Our role in health promotion in Head Start is very important because the best time to start healthy habits is early in the life of child and a good time to teach health habits to a family is when they are learning to care for young children at home. Children are learning attitudes and habits that are more likely to become part of their lives if they begin early and are carried out consistently.

For example, the child who learns to be active and enjoy sports is more likely to exercise throughout her life. The child who eats lots of fruits, vegetables and whole grains is more likely to enjoy those foods throughout his life. We can think about each of the healthy or unhealthy habits in this way. The earlier they are started, the more likely it is that they will be continued. When something negative cannot be changed—say a family history of heart disease—healthy habits can reduce risk.

Many studies of people's behavior and their long-term health have been carried out. Two of the most famous studies are those carried out on the whole population of the town of Framingham, Massachusetts and the one which looked at 7,000 people who lived in Alameda County, California. Both studies followed the people for over twenty years. These two studies are considered "classics."

The Framingham and Alameda County studies have been very important to the fields of health education and medicine because they looked at many people over long periods of time. The problems which lead to heart failure, cancer, early death, etc., are problems which build for a long time. These studies showed us that people's behaviors early in life **definitely** had an effect on their longevity. Perhaps more importantly for many people, the studies have shown that people's **quality** of life is affected. People who practice positive health behaviors feel better regardless of the length of their lives. The researchers of the Framingham study have challenged medical professionals to look at heart disease (and other health problems) very differently from how they have looked at them in the past. The researchers believe that heart failure should not be considered an "accident" or "tragic act of God," but a failure of the medical care system to teach people to practice preventive, health promoting behaviors.

The two studies found certain specific behaviors with varying impacts, which affected the length of peoples' lives:

***Eight Unhealthy Habits or Circumstances** (Framingham Heart Study[2])*

1) **high blood pressure**
2) **diabetes**
3) **obesity**
4) **lack of exercise**
5) **high cholesterol levels**
6) **cigarette smoking**
7) **family history of heart disease**
8) **"Type A" (hostile, aggressive) behavior**

***The Seven Healthy Habits** (Alameda County Study[1])*

1) **never smoke cigarettes**
2) **get regular physical activity**
3) **use no alcohol or use alcohol moderately***
4) **sleep 7-8 hours each day regularly***
5) **maintain proper weight**
6) **eat breakfast daily**
7) **do not eat between meals**

* Note: Some of these behaviors, e.g., moderate alcohol use, sleeping only 7-8 hours daily, and not snacking are not appropriate for young children.

B. How Important is Role Modeling to Health?

- Children learn by imitating. From a baby's first babbling to preschoolers playing house, to teenagers exploring gender roles, children are hard at work imitating what they see around them. The video we show the children about choosing unprocessed foods will have far less of an impact if we are sipping a diet soda as we watch. Sometimes, children are too busy watching what we do to hear what we say.

- Children observe, imitate and learn from many adults, including adults that are neither teachers nor caregivers. Adults are all-powerful role models and we can use that power for health regardless of our formal job within Head Start.

[1] Rosenbaum and Luxembourg. "You Can't Live Forever," *Better Health Foundation, University of California,* San Francisco/Mount Zion Hospital (1993).

[2] Kannel, W.B. and Larson, M. "Long-term Epidemiologic Prediction of Coronary Disease: The Framingham Experience," *Cardiology* (1993):82(2-3):137-52.

C. Where Can Head Start Work to Improve Health?

Head Start can intervene in health by providing services to families regarding:

- **Basic Health Needs:**

  food, clothing, shelter, nurturance, treatment of acute illness/injury conditions, safety

- **Disease Prevention and Protection from Injuries:**

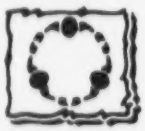
  immunizations, safe environments, early intervention/ screening, smoking cessation programs

- **Health Promotion:** healthy social relationships, personal satisfaction, self-esteem, environmental appreciation, spiritual growth, physical fitness,

Questions for Discussion/ Reflection

- How does thinking in terms of the three levels of health—as described above—"stretch" your vision of health services in Head Start?
- Since parents are primary role models, how can we support health teaching in the home?
- What messages did your family give you about health habits related to eating, sleeping, or exercise? Do you still have habits that you developed in childhood?
- Have you known anyone who made a major change in lifestyle: quit smoking, started a walking program, took up meditation...Has that person found himself to be happier?

Activity 1: Connections



Purpose: This activity is to raise participants' awareness of how behavior contributes to long-term health or to disease and about the overlapping benefits of positive health behaviors.

Preliminary Preparation: *This activity works best with 12 to 20 participants. Divide them into four teams: A, B, C, D. There are two handouts for each team; one handout of large cards and one of small cards. Copy Handouts J–M onto card stock (red, green and yellow) and cut out the cards. Each team should have 5 large cards and 20 small cards. Place the cards in envelopes for each team.*

For this group activity you will need:

- Handouts J–M copied onto red, green and yellow card stock
- 4 envelopes
- Flip chart and markers
- Writing materials for participants

Step 1: Define the following:

a. **Outcome** = something that happens to a person after time, possibly many years

b. **Behavior** = a person's actions or habits

c. **Condition** = the situation someone is in, can be unchangeable such as ethnicity, family history

Step 2: Brainstorm with the group about outcomes and behaviors. Ask them to suggest one or two health outcomes such as obesity, a healthy heart, osteoporosis. Write each outcome at the top of a sheet of flip chart paper. Then ask them which behaviors contribute to each outcome and list the behaviors underneath.

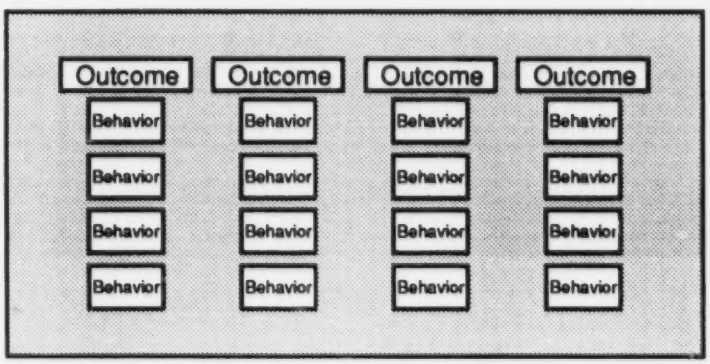
Step 3: Tell participants they will be working in small groups to match long-term health outcomes with the behaviors that cause or contribute to them.

This is a friendly, competitive game to show participants the great variety of health-promoting and health-damaging behaviors in which we all engage. Then we link those behaviors to long-term health outcomes.

Divide your group into four teams, 3 to 5 people per team. Give each team the packet or envelope of cards you prepared beforehand (see *Preliminary Preparations*). Tell participants to keep their cards in their packet or envelope until you tell them to start.

Step 4: When you say "go," each team should begin to organize their cards. They will need to sort, then fill in the blank cards; each team has five outcome (large) cards and they need to organize the behavior (small) cards underneath.

It is a puzzle, because some of their cards are blank. They should fill in the appropriate blank cards with either behaviors or outcomes. Their final product will be five outcome (large) cards with at least four contributing behavior or condition (small) cards under each one *(see graphic below)*.



Step 5: First team done should call out. These team members get a small prize (an apple, a bookmark, a coupon for a healthy treat . . .)

Step 6: Tell the teams with the red outcor. e cards (filled in and blank) to get together. Tell the teams with the green outcome cards (filled in and blank) to get together. Have them compare their results. Where were there similarities? Where were there differences?

Step 7: Now go around the room and ask each group to read an outcome card and list the behaviors that lead to that outcome.

Step 8: Ask each group to choose one outcome in their set that they think can be most strongly affected by a Head Start program through role modeling, not program activities. Ask them to describe exactly what they do in this area to encourage healthy behaviors and discourage unhealthy ones.

Points to Consider:

- One behavior may have many effects, good and bad.
- Many outcomes are very long-term, and won't be seen for many years.
- Some behaviors and situations are in our power to change, some are not. However, we can usually affect the overall outcome. If a person's family has an unfortunate tendency toward heart disease, he can still minimize his own risk by not smoking, eating low-fat foods, managing his stress, and enjoying aerobic exercise several times a week. If another person's family of origin was abusive and overused alcohol, she can still decide to avoid alcohol herself, and look to church, friends and coworkers for emotional support.
- Are there behavior connections that you don't agree with? Are not sure of? Was there teamwork in making these connections?
- The connections with some behaviors and situations have been well studied. We can be sure of these; other connections are not so certain. Where connections are uncertain—does meditation *really* reduce my risk of heart disease? —the best approach is to try the behavior if it has a likelihood of helping and there are no indications of harm.

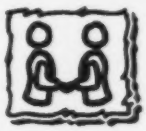
Key to Handouts J - M

OUTCOME Cards		BEHAVIOR (or CONDITION) Cards
1. Emphysema/Lung Cancer	a.	Cigarette smoking
	b.	Living with a smoker
	c.	Exposed to asbestos
	d.	Living with lots of air pollution
2. Depression	a.	Isolate yourself from friends and family
	b.	Believe that you **must** excel at everything
	c.	Use alcohol to forget instead of dealing with problems
	d.	Have unmet needs left over from childhood
3. A Bad Back	a.	Forget to wear seat belts
	b.	Lift children quickly and without bending knees
	c.	Be overweight
	d.	Feel tense and hurried to get things done
4. Injury Through Family Violence	a.	Grow up in a family where violence occurred
	b.	Believe that children must behave all the time
	c.	Use hitting as a way of disciplining children
	d.	Live with someone who overuses alcohol and other drugs
5. Obesity	a.	Watch TV more than three hours each day
	b.	Use sweet foods as a reward
	c.	Drive a car everywhere
	d.	Eat late at night

Key to Handouts J - M (continued)

OUTCOME Cards		BEHAVIOR (or CONDITION) Cards
6. Strong Heart/Aerobic Fitness	a.	Eat low-fat foods
	b.	Have healthy ancestors
	c.	Don't smoke
	d.	Be very slow to anger
7. Healthy Skin (fewer wrinkles and less skin cancer)	a.	Drive less to preserve Earth's ozone layer
	b.	Protect your skin from sunlight
	c.	Drink lots of water
	d.	Use soaps with lotion
8. Strong Bones and Teeth	a.	Brush and floss teeth every day
	b.	Walk, jump, run—get exercise
	c.	Eat foods with lots of calcium (eg. milk, greens, sardines)
	d.	Avoid soft drinks
9. A Healthy Planet	a.	Take up bicycling; save energy
	b.	Recycle as much as possible
	c.	Plant a garden
	d.	Reduce use of household toxic cleaners
10. Happy, Alert Old Age	a.	Get plenty of rest
	b.	Try new things, think new thoughts
	c.	Have long-lived ancestors
	d.	Get preventive medical care (screening)

Activity 2:
Role Modeling



Purpose: This activity is to help staff reflect on the way children learn and the power staff hold as role models of health behavior.

For this activity you will need:

- An opportunity for participants to observe children at play
- Writing materials including note pad for each participant

Step 1: Review the background information for Module 3. Arrange for a time to watch a group of children in your program during free play. If you are not regularly in the classroom, you will have to arrange to do this with the classroom staff at a time that they feel it would not be intrusive.

Step 2: Observe a group of children at free play for at least 20 minutes. Bring paper and pencil and jot down your observations. What language or behavior are they copying from the adults around them? Make notes of the play the children are engaged in, the language they use.

Step 3: Immediately after the observation period, or at another time, review your notes and consider the following questions:

a. Did you see the children engage in behavior or hear them use language that they copied from adults? That they copied from TV or movies? Did any of the behavior or language relate to health habits?

b. Do you think that someone taught them that behavior, or did they just pick it up by listening and watching?

c. Did you notice any behavior or language that adults might disapprove of? Assuming these things were not formally taught to the children, how did they learn them?

d. Has a child ever copied something that you said or did? Was it something you wanted the child to do? Were you surprised that the child had learned it?

Step 4: Observing the children and considering the above questions, it's clear that children learn by watching adults, even when that is not what we intend! Keeping that in mind, review the list of behaviors we encourage in children. Do you ever have occasion to model these behaviors? If there are other positive health behaviors you model, add them to the list. "Teachable moments" happen all the time, in and out of the classroom.

I can model...

Using words to resolve conflict	Eating wholesome foods
Sharing	Expressing feelings
Wearing seat belts	Exercising regularly
Reading	Not smoking cigarettes
Washing hands	Using a tissue to wipe nose
Cleaning up after myself	Car-pooling or using public transportation

Step 5: With a partner, consider how your staff models health practices—during the course of their day with Head Start children and families—that lead to better health at all three levels:

- basic health needs
- disease prevention and protection from injuries
- health promotion

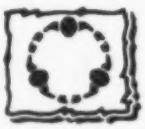
What more can be done? For example, using the above list:

- **Wearing seat belts** protects from injury—What could staff in each component area do to encourage safe travel?
- **Expressing feelings** is a basic human need, along with the need for someone to hear about those feelings—What more could staff in each component area do to encourage appropriate expressions of feelings?

Points to Consider:

- People learn very well through modeling because they can actually see a behavior.
- We model behaviors as groups and as individuals. People, especially children, will avoid a behavior if the peer group disapproves, and will try new things if others in the group are doing them.

Activity 3: Head Start Center Action Plan



Purpose: This activity gives participants the opportunity to consider how the three levels of services are provided in each component area of their Head Start Centers.

This exercise is a group activity. You will need:

One copy of the following handouts for each participant:

- Handout N: Basic Health Needs
- Handout O: Disease Prevention/Injury Protection
- Handout P: Health Promotion
- Handout Q: Head Start Center Action Plan
- Flip chart and markers
- Writing materials for participants

Step 1: Review background information in Module 3 on the three levels of health services *(see p. 47)*:

- Basic Health Needs
- Disease Prevention and Protection from Injuries
- Health Promotion

On a sheet of flip chart paper, list the three levels of health and ask the participants to give examples of services and activities for each level. Be sure to have examples from the physical, mental/emotional, social, environmental, and spiritual dimensions of health. Some examples:

- **Basic Health Needs:** some food to eat, someone to look out for me, non-hazardous air, the ability to move about (physical capabilities), removal of barriers
- **Disease Prevention/Protection from Injuries:** nutritious food, someone to love me, clean and fresh air, good shoes, and a safe climbing structure

- **Health Promotion:** tasty and diverse food, loving support for my adventures and growth, a chance to visit mountains or beaches, special training for my favorite sport or activity

Step 2: Divide your participants into groups by component or functional area. Give each person in the group the following handouts:

- N: Basic Health Needs;
- O: Disease Prevention/Injury Protection; and
- P: Health Promotion.

Ask them to fill these out as they consider ways in which they—as a component team—support the health of children on the different levels. What activities or services are being provided? Where are the gaps? Where are improvements needed?

Step 3: After approximately 10 minutes, ask the group members to consider their lists. Ask them to think of the **one** area where they believe they can make a change, an improvement, during the next few months. This could be a change in meeting basic needs, disease prevention/injury protection, or health promotion. Ask them to star that item, and to think about what resources are necessary for them to make that change.

Step 4: On flip chart paper, draw a large grid to look like the Head Start Center Action Plan provided. Distribute Handout Q: Head Start Center Action Plan.

Bring the group back together and, on the grid, build a plan for the program, listing the most important areas for action. Ask each component team to indicate which level of service or activity they plan to address. Check off that one and write in their plan. Be sure to indicate, as you write what must be done, the resources necessary to achieve this goal.

Step 5: Discuss any barriers that may be in the way of achieving the goals they set for their program(s). How can the barriers be addressed? How can the team in one component area support the efforts of another? See **Next Steps: Ideas to Extend Practice** (*p. 62*) for ways to continue and expand this activity.

Points to Consider:

- Most programs offer services in the middle level: disease prevention and protection from injury. Examples of such services are lessons in using a toothbrush, washing hands, providing food that is nutritious and adequate. Sometimes it is a challenge to think of what we can do in the other two areas. Sometimes what is done in basic health needs is "invisible."

- Each component area can address health services. Those that are not traditionally thought of as health areas, such as management or social services, may have a hard time imagining how they help or how they can help. But, without each component team committing effort in its own way, the entire effort will be limited.

Next Steps: Ideas to Extend Practice

Take a Field Trip

Is there another Head Start program you know of that has had success promoting wellness in an innovative way? If so, organize a site visit with interested staff to observe, ask questions, and get inspired. Contact your Regional Office for nearby sites with excellent and innovative health programs.

Schedule a Program Planning Day

Take the program plan from Activity 3 and use it as a blueprint for a planning day to be held in conjunction with a Health Services Advisory Committee meeting. Use the experts on the HSAC and parents as strategic planning consultants to help you achieve your goals.

Expand the Program Plan to Staff and Families

Redo Activity #3, the Head Start Center Action Plan. Instead of having each group consider what they do for the health of children, ask them to consider what they offer or what they could offer to families in their programs.

Another time, redo the activity considering the health needs of staff.

Handout J-1: Team A ***(copy onto red card stock and cut out)***

Emphysema/ Lung Cancer
Depression
Obesity
68

For use with Activity 1

Handout J-2: Team A *(copy onto yellow card stock and cut out)*

drive a car everywhere	cigarette smoking	use alcohol to forget, instead of dealing with problems	grow up in a family where violence occurs	forget to wear seatbelts
feel tense and hurried to get things done	use hitting as a way of disciplining children	use sweet foods as a reward		

For use with Activity 1

Handout K-1: Team B ***(copy onto red card stock and cut out)***

A Bad Back
Injury Through Family Violence

70

For use with Activity 1

Handout K-2: Team B *(copy onto yellow card stock and cut out)*

exposed to asbestos	living with lots of air pollution	isolate yourself from friends and family	believe that you must excel at everything	lift children quickly and without bending knees
be overweight	believe that children must behave all of the time	live with someone who abuses alcohol or other drugs	watch TV more than three hours each day	eat late at night
have unmet needs left over from childhood	living with a smoker			

For use with Activity 1

Handout L-1: Team C ***(copy onto green card stock and cut out)***

Healthy Skin **(Fewer Wrinkles & Less Skin Cancer)**
Strong Bones and Teeth
Happy, Alert Old Age

For use with Activity 1

Handout L-2: Team C *(copy onto yellow card stock and cut out)*

be very slow to anger	drive less to preserve Earth's ozone layer	eat low-fat foods	be of non-European ancestry	avoid soft drinks
take up bicycling	reduce use of household toxic cleaners	get plenty of rest	try new things, think new thoughts	

For use with Activity 1

Handout M-1: Team D ***(copy onto yellow card stock and cut out)***

Strong Heart/Aerobic Fitness
A Healthy Planet
74

For use with Activity 1

Handout M-2: Team D *(copy onto yellow card stock and cut out)*

drink lots of water	use soaps with lotion	have healthy ancestors	don't smoke	walk every day
eat foods with lots of calcium	plant a garden	recycle as much as possible	maintain your friendships	get preventative medical care, including screening
use sunscreen				

For use with Activity 1

Handout N: Basic Health Needs

_____

Component Area

What We Do Now	How Could We Do Better?

For use with Activity 3

Handout O: Disease Prevention/Injury Protection

_____

Component Area

What We Do Now	How Could We Do Better?

77

For use with Activity 3

Handout P: Health Promotion

_____

Component Area

What We Do Now	How Could We Do Better?

78

For use with Activity 3

Handout Q: Head Start Center Action Plan

Plans for improving our effort:

Name of Center _____

Functional Area	Level of Service/Activity to Address	What We Are Going to Do	Possible Barriers	Resources Available/ Needed
Education	__ Basic Health Needs __ Prevention/Protection __ Health Promotion			
Health	__ Basic Health Needs __ Prevention/Protection __ Health Promotion			
Social Services	__ Basic Health Needs __ Prevention/Protection __ Health Promotion			
Parent Involvement	__ Basic Health Needs __ Prevention/Protection __ Health Promotion			
Disabilities	__ Basic Health Needs __ Prevention/Protection __ Health Promotion			
Management	__ Basic Health Needs __ Prevention/Protection __ Health Promotion			

For use with Activity 3

Continuing Professional Development

Head Start staff members are encouraged to think about health in a very broad way. ***Laying a Foundation in Health & Wellness*** asks each staff member to realize that her job is important in supporting the health of Head Start children, families and fellow staff. Some staff are actively involved in health education or health services; others' roles are less obvious but no less important.

Each staff member can use this guide as a "screen" through which to view his job. Questions such as the following can be used to put the "screen" in place:

- How do I, in my day-to-day activities, support health in Head Start? How do I support physical, emotional, social, spiritual, and environmental health?

- My coworkers come from a wide variety of cultural backgrounds; they represent many health beliefs and practices. How can I use my understanding of their beliefs to help people of similar beliefs to improve their health?

- What do I do, day to day, to model healthy behaviors that will lead to long-term health? What am I trying to improve about my own health? How can I apply what I am learning about changing my own behavior to helping others who wish to change theirs?

Some Concrete Actions to Take

(1) Do the Head Start performance standards that are relevant to your position in Head Start encourage you to support health in a wholistic way? What specific directions for supporting health do they give? Do they fall short in any way?

Are there changes that you need to make in your program to achieve the Performance Standards for Health? How can you build on the standards to achieve excellence in your program's support for child, family, and staff health and wellness? Which ideas from this training could help you to meet and exceed the Performance Standards?

(2) Select a period of time within this program year to gather with other staff members in your program and decide what you can do to improve health for yourselves. Choose a common challenge to health (e.g., Does everyone want to eat lower-fat food? Would everyone like to take a quiet-time break once during the day? Would it help if you could plant a tree somewhere near the center?).

Plan to support each other. Assign tasks to make these goals become a reality.

(3) After staff have chosen some health behaviors to change, work together to make those changes a reality. Then, let parents know about your successes. If several staff members were able to lose weight, what worked? If you were able to incorporate a few minutes of quiet time into each day for the children and the teaching staff, how could the parents carry out that at home? Teaching others is an excellent way to reinforce our own behavior.

Ask parents to tell of ways that they have tried to work toward wellness—successes they can share with the staff.

(4) Develop at your center a resource place for multicultural healing. Ask staff and parents to bring in strategies for health and healing that have worked for their families and their communities. Even include ideas that may have seemed strange to them but that they know other people swear by. Then look for resources, including national organizations, to help you evaluate health and healing beliefs that differ from the mainstream.

(5) Review the Head Start definition of social competence. Now and then at team meetings ask a staff member to bring up for discussion an example of a child or a family member whose social competence has been affected (positively or negatively) by either getting or lacking some basic health need.

Resources

Books & Journals:

Benson, Herbert, and E.M. Stuart, et al. *THE WELLNESS BOOK: The Comprehensive Guide to Maintaining Health and Treating Stress-Related Illness.* New York: Simon & Schuster, 1992.

This comprehensive guide provides basic information on how to combine personal behaviors and scientific health care to enhance health and wellness. Written in a self-help format that explains how to identify needed behavior changes and ways to make those changes. Topics include the mind/body connection, exercise, nutrition, stress management, and relapse prevention.

Boston Women's Health Care Collective. *The NEW Our Bodies, Ourselves—A Book By and For Women.* New York: Touchstone/Simon & Schuster, 1992.

This complete source book on women's health care emphasizes what women can do for themselves and for one another. For example, topics include Body Image, Health & Healing, Environmental & Occupational Health, and Developing an International Awareness. The authors offer useful tools and ideas to enable women to take greater charge of their own health care. They discuss nonmedical perspectives and remedies as well as medical ones.

Editors of the Wellness Letter, U.C. Berkeley. *The Wellness Encyclopedia.* New York: Houghton Mifflin Company, 1991.

This thorough reference source of positive, practical health guidelines is clear and up-to-date. *The Wellness Encyclopedia* is divided into five major parts that correspond to key areas of wellness: Longevity, Nutrition, Exercise, Self-care, and Environment & Safety. Much information is offered on how to work with family, friends and members of the community to solve health-related problems. Tips and interesting facts on how to change old habits for new healthier ones. Process for change presented in manageable steps.

Jo Imlay and Jerry Howard, "Listening for a Change," *New Age Journal,* (Nov.–Dec. 1993).

This article describes the background and tenets of The Listening Project, a grassroots organization based in the southern U.S. that is devoted to community organizing and social change. Headed by a southerner and Buddhist disciple, the organization stresses empathy and listening in an effort to dispel long-held southern attitudes of racism and social injustice. The skills which are developed by The Listening Project staff are valuable for anyone whose work requires patient listening and understanding of a variety of beliefs. Such skill is certainly relevant when Head Start families present different—and sometimes disturbing—beliefs and practices about health.

Resources

J. Melvin Witmer and Thomas J. Sweeney, "A Holistic Model for Wellness and Prevention Over the Life Span," *Journal of Counseling and Development*, vol. 71 (Nov.–Dec. 1992).

This well-documented essay presents an innovative approach to the U.S. model for human development and health services. Pointing out that 53% of deaths in the U.S. are caused by negligent and self-destructive life style behaviors, the authors propose a preventative model of wellness to illustrate how the characteristics of a healthy person—spirituality, self-regulation, work, friendship, and love—are interconnected with overall well-being. The ultimate goal for any person, the authors concur, is not merely adequate but optimum health.

Health & Wellness Newsletters

Several informative newsletters cover a wide variety of health and wellness topics. Following is a list of a few newsletters and their subscription information. Also check with your local universities, health departments and federal agencies for other publications.

University of California at Berkeley Wellness Letter. Published monthly—subscription $24 per year. Health Letter Associates, P.O. Box 420148, Palm Coast, Florida 32142 (phone 904/445-6414).

Harvard University Health Letter. Published monthly—subscription $24 per year. Harvard Health Letter, P.O. Box 420300, Palm Coast, FL 32142-0300 (phone 800/829-9045).

Tufts University Diet & Nutrition Letter. Published monthly— subscription $20 per year. Tufts University Diet & Nutrition Letter, P.O. Box 57857, Boulder, CO 80322-7857 (phone 800/274-7581, in Colorado, 303/447-9330).

Hope Health Letter. Published monthly—subscription $19.80 per year. The Hope Heart Institute, 528 18th Avenue, Seattle, WA 98122 (phone 616/343-0770).

Pediatric Report's Child Health Newsletter. Eleven issues plus a yearly index, $35 per year. Pediatric Report's Child Health Newsletter, Box 155, 71 Hope Street, Providence, RI 02906-2062.

Head Start Publications

1. U.S. Dept. of Health and Human Services. *Getting and Staying Healthy: A Head Start Handbook for Parents*. Alexandria, VA: Head Start Publications Center.

This handbook is written in a very friendly, accessible style and touches on nearly all of the areas needed when discussing aspects of a healthy life style.

2. U.S. Dept. of Health and Human Services. *Child Health USA '93*. Alexandria, VA: Maternal & Child Health Publications Center (DHHS Pub. No. HRSA-MCH-91-1).

   This booklet is the fifth annual report on the health status and service needs of America's children. The publication brings together data from various sources and presents in graphs, charts, and simple text the sentinel measures by which to assess how well children are faring. Information is presented on the health of children in various developmental stages.

Miscellaneous

1. Bullard, Robert D. *People of Color Environmental Groups 1994-95 Directory*. Environmental Justice Resource Center—Clark Atlanta University, Atlanta, GA, 1994.

   A directory cataloging more than 300 people-of-color environmental groups. Complete with a resource section and annotated bibliography, this guide is a useful tool for planning, organizing, and networking within environmental and economic social justice issues. The book gives a comprehensive overview of the concept of environmental justice—its origins, development and real-life applications.

2. The Elders of Cambridge. *Recipes for Good Health: A collection of home remedies, wisdom and cultural traditions*. Cambridge Repro-Graphics, Cambridge, MA, 1994.

   An eclectic, colorful collection of ideas and suggestions on how to maintain good health. Compiled from the advice of more than 100 elders aged 51-100, this pamphlet is a unique testimony to past traditions from a variety of cultures.